

**Log of Work-Related Injuries and Illnesses**

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Year 2018  
U.S Department of  
LaborOccupational Safety and Health  
AdministrationEstablishment name **FTW6**

Company Name \_\_\_\_\_

City **Coppell** State **Texas****Identify the person**

(A) Case no.	(B) Employee's Name (e.g., Welder)	(C) Job title (e.g., Welder)	(D) Date of Injury or onset	(E) Where the event occurred (e.g., Loading dock north end)
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**Classify the case**

Using these four categories, check ONLY the most serious result for each case:

Enter the number of days the injured or ill worker was:	(M)		
Away from work (K)	On job transfer or restriction (L)	Days away from work	Remained at work

(G)	(H)	(I)	(J)	(K)	(L)	(M)	(1)	(2)	(3)	(4)	(5)	(6)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	177 days	81 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	177 days	81 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105 days	35 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	156 days	16 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	35 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 days	26 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 days	26 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warehouse Associate	3/4	Pick Station
Amazon Warehouse Associate	3/2	Back Sinfos (unknown station # due to late report)
Amazon Warehouse Associate	3/8	Yard
Amazon Warehouse Associate	3/10	Unknown work station
Amazon Warehouse Associate	3/11	RSP, Station #4365
Amazon Warehouse Associate	3/13	work station
Amazon Warehouse Associate	3/16	3rd floor at station
Amazon Warehouse Associate	3/17	Workstation
Amazon Warehouse Associate	3/17	RSP
Amazon Warehouse Associate	3/22	Work station
Amazon Warehouse Associate	3/26	counting station : 1361
Amazon Warehouse Associate	3/30	Work Station
Amazon Warehouse Associate	3/31	Arsaw Station #3131
Amazon Warehouse Associate	4/1	RSP, Station 1262
Amazon	4/2	RSP 1st Floor

35	Warehouse Associate	4/5	<u>work station</u>	<u>None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	59 days
37	Amazon Warehouse Associate	4/8	<u>1st floor East side</u>	<u>Bruise, Back, Lower Back, Facility: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	67 days
40	Amazon Warehouse Associate	4/8	<u>Stow 1st floor, No station identified.</u>	<u>Laceration/cut/open wound, Far, Left Ear, Facility: Support Beam/Column</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	2 days
42	Amazon Warehouse Associate	4/11	<u>AFE</u>	<u>Sprain/strain, Ankle, Left Ankle, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	36 days
43	Amazon Warehouse Associate	4/11	<u>ICOA</u>	<u>Sprain/strain, Finger, Left Thumb, Toe: Toe(s)-empty</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days	2 days
45	Amazon Warehouse Associate	4/11	<u>ship dock</u>	<u>Sprain/strain, Hand, Left Hand, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88 days	2 days
47	Amazon Warehouse Associate	4/12	<u>4th floor RSP at the SW VRC (11 and 12)</u>	<u>Sprain/strain, Wrist, Left Wrist, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days
49	Amazon Warehouse Associate	4/14	<u>ICOA</u>	<u>Sprain/strain, Leg, Gait, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days
51	Amazon Warehouse Associate	4/15	<u>Unknown Stow Station</u>	<u>Sprain/strain, Wrist, Left Wrist, Right Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 days	49 days
53	Amazon Warehouse Associate	4/20	<u>Stow</u>	<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	45 days
55	Amazon Warehouse Associate	4/26	<u>3rd floor restroom near the break room</u>	<u>Bruise, Finger, Left Little Finger, Facility: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	2 days
57	Amazon Warehouse Associate	4/29	<u>1st floor staircase</u>	<u>Laceration/cut/open wound, Finger, Left Ring Finger, Facility: Support Beam/Column</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139 days	41 days
59	Amazon Warehouse Associate	4/29	<u>AFE</u>	<u>Fracture, Wrist, Left Wrist, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
61	Amazon Warehouse Associate	5/4	<u>Pick Station 3165</u>	<u>Sprain/strain, Abdomen/lower trunk/buttocks, Lower Trunk, Toe: Toe - w/ product</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days
63	Amazon Warehouse Associate	5/10	<u>Parking Lot</u>	<u>Sprain/strain, Shoulder, Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	13 days
65	Amazon Warehouse Associate	5/12	<u>Pack Singles Large</u>	<u>Abrasion/scratches (superficial), Knee, Left Knee, Right Knee, Facility: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 days	2 days
67	Amazon Warehouse Associate	5/13	<u>Stow Station #4361</u>	<u>Sprain/strain, Hand, Left Hand, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118 days	62 days
69	Amazon Warehouse Associate	5/13	<u>Unknown</u>	<u>Sprain/strain, Ankle, Left Ankle, Stair/Lad: Crossover</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 days	2 days
71	Amazon Warehouse Associate	5/15	<u>work station</u>	<u>Sprain/strain, Ankle, Right Ankle, Stair/Lad: Stairs</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 days	2 days
73	Amazon Warehouse Associate	5/15	<u>Flat Sort Jackpot</u>	<u>Sprain/strain, Leg, Left Foot, Left Knee, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 days	2 days
75	Amazon Warehouse Associate	5/16	<u>RSP, Unknown Station</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 days	50 days
77	Amazon Warehouse Associate	5/16	<u>Ship Dock</u>	<u>Sprain/strain, Shoulder, Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	178 days	2 days
79	Amazon Warehouse Associate	5/20	<u>Outbound shipdock</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Toe: Toe(s)-empty</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 days	2 days
81	Amazon Warehouse Associate	5/21	<u>AFE 1</u>	<u>Sprain/strain, Knee, Right Knee, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days
83	Amazon Warehouse Associate	5/22	<u>Outbound Dock Door #116</u>	<u>Sprain/strain, Wrist, Right Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days
85	Amazon Warehouse Associate	5/25	<u>AFE Induct Station (Unknown Station)</u>	<u>Bruise, Foot, Left Foot, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124 days	2 days
87	Amazon Warehouse Associate			<u>Sprain/strain, Foot, Right Foot, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	2 days



16	Amazon Warehouse Associate	6/26	<u>Work Station</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Amazon Warehouse Associate	6/26	<u>Stow Problem Solve</u>	<u>Bruise, Leg, Buttocks, Fau/o; Pallet</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Press Assistant	6/28	<u>AFF1</u>	<u>Sprain/strain, Knee, Right Knee, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Amazon Warehouse Associate	6/29	<u>Stow Station (unknown station #)</u>	<u>Bruise, Hips/pelvis, Left Shoulder, Left Hip/pelvis, Fau/o; Stretch wrap tool</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Amazon Warehouse Associate	7/4	<u>Rebin Station</u>	<u>Bruise, Wrist, Right Wrist, Cart; Rebin</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Amazon Warehouse Associate	7/7	<u>work station</u>	<u>Sprain/strain, Wrist, Right Wrist, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Amazon Warehouse Associate	7/9	<u>JCOA SBC, universal station on 4th floor of RSP</u>	<u>Sprain/strain, Knee, Right Knee, Stair/ladr; Ladder: Portable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Amazon Warehouse Associate	7/11	<u>1st floor RSP station 1120</u>	<u>Sprain/strain, Ankle, Right Ankle, Stair/ladr; Ladder: Fixed</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 days	50 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Amazon Warehouse Associate	7/12	<u>Work Station</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65 days	51 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Amazon Warehouse Associate	7/18	<u>3rd floor pick station</u>	<u>Bruise, Head - Facial Area, Face, Not Otherwise Specified, Fau/o; Jam Pole</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Amazon Warehouse Associate	7/18	<u>work station</u>	<u>Sprain/strain, Back, Middle Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Amazon Warehouse Associate	7/19	<u>AFF1</u>	<u>Sprain/strain, Arm, Left Upper Arm, Fau/o; Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	58 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Amazon Warehouse Associate	7/20	<u>Pick Station #4368</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Product: Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Amazon Warehouse Associate	7/20	<u>2nd Floor South Side of RSP at station 2406</u>	<u>Bruise, Back, Right Forearm, Lower Back, Left Thigh, Fau/o; Pallet</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57 days	51 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Amazon Warehouse Associate	7/23	<u>AFF 2: Wall 63, Station 1</u>	<u>Sprain/strain, Back, Lower Back, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58 days	45 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Amazon Warehouse Associate	7/24	<u>Pack Singles (unknown station)</u>	<u>Sprain/strain, Arm, Right Upper Arm, Right Forearm, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Warehouse Associate	7/27	<u>Stairs</u>	<u>Sprain/strain, Ankle, Right Ankle, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Amazon Warehouse Associate	7/29	<u>RSP (unknown Stow Station)</u>	<u>Bruise, Wrist, Left Wrist, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Amazon Warehouse Associate	7/29	<u>AFF1</u>	<u>Sprain/strain, Arm, Right Forearm, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	31 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Amazon Warehouse Associate	8/1	<u>OB Dock - Back Sour</u>	<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	122 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Amazon Warehouse Associate	8/2	<u>Stow station in RSP</u>	<u>Sprain/strain, Arm, Right Upper Arm, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125 days	55 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Amazon Warehouse Associate	8/4	<u>Pack Wall 14-3</u>	<u>Bite/sting (animal/insect), Hand, Right Hand, Bite/Sting: Unknown</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Amazon Warehouse Associate	8/4	<u>Work station</u>	<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Amazon Warehouse Associate	8/6	<u>Incident occurred over time AA stated</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	19 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Amazon Warehouse Associate	8/10	<u>work station</u>	<u>Sprain/strain, Back, Middle Back, Maths, Stretch wrap</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Amazon Warehouse Associate	8/11	<u>station 4419</u>	<u>Sprain/strain, Foot, Left Foot, Stair/ladr; Ladder: Portable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Amazon Warehouse Associate	8/11	<u>work station</u>	<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	51 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





350	Amazon Warehouse Associate	12/4	<u>Transship tote sorter</u>			<u>Sprain/strain, Wrist, Left Hand/Left Wrist, Tote; Tote - w/ product</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65 days	52 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
351	Amazon Warehouse Associate	12/7	<u>RSP fourth floor N</u>			<u>Sprain/strain, Wrist, Left Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
370	Amazon Warehouse Associate	12/7	<u>Pick Station - Unknown # due to late report</u>			<u>Sprain/strain, Shoulder, Left Shoulder/Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
360	Warehouse Associate	12/9	<u>AFF2 - Pack Station</u>			<u>Sprain/strain, Wrist, Right Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 days	23 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
389	* Amazon Warehouse Associate	12/9	<u>Pick Station</u>			<u>Sprain/strain, Hand, Right Hand, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
365	Amazon Warehouse Associate	12/11	<u>3rd Floor Break Room</u>			<u>Bruise, Knee, Left Wrist/Right Wrist, Facility; Floor</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
366	Amazon Warehouse Associate	12/12	<u>Stow 4430</u>			<u>Sprain/strain, Wrist, Left Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
368	Amazon Warehouse Associate	12/13	<u>AFF2 - Wall 71</u>			<u>Sprain/strain, Shoulder, Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93 days	52 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
374	Amazon Warehouse Associate	12/13	<u>Stow Station 4450</u>			<u>Sprain/strain, Knee, Left Knee, Stair/Lad; Ladder; Fixed</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
383	Amazon Warehouse Associate	12/13	<u>OB Ship Dock</u>			<u>Sprain/strain, Foot, Left Foot, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
409	Warehouse Associate	12/15	<u>AFF1</u>			<u>Sprain/strain, Foot, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
438	Warehouse Associate	12/17	<u>Pack Singles</u>			<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
396	Amazon Warehouse Associate	12/22	<u>ARSAW station 3332</u>			<u>Bruise, Knee, Right Knee, Facility; Door</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
398	Amazon Warehouse Associate	12/23	<u>AFF2 Wall 61</u>			<u>Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
428	Warehouse Associate	12/26	<u>AFF2 (retin)</u>			<u>Sprain/strain, Knee, Right Knee, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
450	Amazon Warehouse Associate	12/26	<u>Pack Singles Water station</u>			<u>Sprain/strain, Shoulder, Left Shoulder/Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
419	Warehouse Associate	12/27	<u>OB dock door 116</u>			<u>Sprain/strain, Head other than face, Hair/Scalp/Skull/Neck, Facility; Floor</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	173 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
408	Warehouse Associate	12/27	<u>AFF2; Wall 63</u>			<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 days	8 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
400	Warehouse Associate	12/28	<u>RSP 4th Floor</u>			<u>Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
414	Amazon Warehouse Associate	12/29	<u>Pack Singles - Water Spidering</u>			<u>Sprain/strain, Back, Upper Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	151 days	29 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
455	Amazon Warehouse Associate	12/31	<u>ETW6 stairway</u>			<u>Sciatica/low back pain/disorder, Back, Lower Back, Facility: Uneven Surface</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Page totals ➤

0	151	10	2	7,911	3,209	167	Injury	0	Respiratory Condition	0	Poisoning	0	Hearing Loss	1
(1)	(2)	(3)	(4)	(5)	(6)									All other illnesses

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.